

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516605

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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150						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	8	←		←
TOTAL CLAIMS			9			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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200						
TOTAL IND.		↓	0	↓		↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS			3			

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4				3		
5				3		
6				3		
7				3		
8				3		
9				3		
10				3		
11				1		
12				1		
13				2		
14				1		
15				2		
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22						
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24				1		
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		35	←		←
TOTAL CLAIMS			38			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54			/			
55			/			
56			/			
57				1		
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88			/			
89			/			
90			/			
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98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.	←		19	←		←
TOTAL CLAIMS			28			

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102				/		
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138				/		
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TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	10	←		←
TOTAL CLAIMS			11			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						